

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 162
Registered No. 10

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Arnoldo Samorano { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Nov 18, 1926
Month Day Year

8. FATHER Full name Manuel Samorano 14. MOTHER Full maiden name Rita Ariso

9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 23 (Years) 16. Color or race Mexican 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Santa Cruz 18. Birthplace (city or place) Novalis
(State or country) Sonora Mex (State or country) Arizona

13. Occupation Labour 19. Occupation Housewife
Nature of Industry Nature of Industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12:30 p. m. on the date above stated
(Born alive Yes)

Signature Charles H. Hurst (Physician or midwife)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report _____ Address Hayden, Arizona
Month, day, year

Filed Nov 20, 1926 Registrar W. J. Ward

Registrar

126-1118-916